

59 MEDICAL OPERATIONS SQUADRON



MISSION

LINEAGE

59 Medical Operations Squadron constituted, 5 Mar 1998
Activated, 1 Apr 1998

STATIONS

Lackland AFB, TX, 1 Apr 1998

ASSIGNMENTS

59 Medical Operations Group, 1 Apr 1998

COMMANDERS

HONORS

Service Streamers

Campaign Streamers

Armed Forces Expeditionary Streamers

Decorations

Air Force Outstanding Unit Awards
[1 Apr]-30 Jun 1998
1 Jul 1998-30 Jun 1999
1 Jan 2000-31 Dec 2001
1 Jan 2002-31 Dec 2003
1 Jan-31 Dec 2004

1 Jan 2005-30 Jun 2006
1 Jul 2006-30 Jun 2007
1 Jul 2007-30 Jun 2008
1 Jul 2008-30 Jun 2009
1 Jul 2010-30 Jun 2011
1 Jul 2011-30 Jun 2013
1 Jul 2013-30 Jun 2014
1 Jul 2014-30 Jun 2015
1 Jul 2015-30 Jun 2016
1 Jul 2016-30 Jun 2017
1 Jul 2017-30 Jun 2018
1 Jul 2018-30 Jun 2019
1 Jul 2019-30 Jun 2020
1 Jul 2020-30 Jun 2021
1 Jul 2021-30 Jun 2022

EMBLEM

On a disc Azure per fess Argent beveled, the Greek letter Psi in chief surmounted on a branch erect all of the second, a stylized Staff of Aesculapius Proper, honor point to middle base. In chief four lightning bolts radiating bendwise, two to sinister and two to dexter Or, all within a narrow border Yellow. Attached above the disc, a Blue scroll edged with a narrow Yellow border and inscribed "OBTINEO PROMITTO" in Yellow letters. Attached below the disc, a Blue scroll edged with a narrow Yellow border and inscribed "59TH MEDICAL OPERATIONS SQ" in Yellow letters.

SIGNIFICANCE: Ultramarine blue and Air Force yellow are the Air Force colors. Blue alludes to the sky, the primary theater of Air Force operations. Yellow refers to the sun and the excellence required of Air Force personnel. The clouds symbolize the unknown, yet unlimited potential of aerospace forces to protect air power and aerospace medicine whenever needed and are emblematic of the unit's parent wing. The Rod of Aesculapius with entwined serpent represents the healing power of medicine and is stylized to represent the Greek letter Psi, symbolizing the unique mission of the Squadron to provide psychological healing. The lightning bolts represent the constant ability of the four corps represented within the Squadron (Medical, Biomedical Sciences, Nurse, and Enlisted Corps) to deploy and project forces forward at any time. The motto first became known in 1998 and was designated by the commander at that time to remind all assigned of those who had given the ultimate sacrifice in the service of their country, and of those heroes who never returned home. It also serves to remind the unit of its mission to keep its promise to patients and their families in restoring them all to full health and wellness of body and mind. (Approved, 16 Jan 2007)

MOTTO

OPERATIONS

59th Medical Operations Sq Col Peter F. Durand commanded the squadron except for a four month deployment to Balad AB, Iraq in support of OIF during which the unit was in the hands of Lt. Col. Jay Stone, the Deputy Commander.

Process improvements included streamlining current procedures to increase clinic efficiency. The process for deployment and PCS screening continued to be more efficient by the development of software to search the CHCS database by groups of names from deployment lists rather than the former method of searching name by name. This process saved up to 40 man hours per month. The duration that LSSC charts were out of circulation due to coding was reduced by several days by having the coder code directly from outpatient medical record notes. The Airmen's group continued to be held weekly to help basic trainees recently discharged from the inpatient psychiatric unit in their transition to civilian life. The group focused on helping the trainees develop coping skills to deal with future stressors. Other groups that continued in 2005 were the Clozaril, Stress Management, Depression Management, Psychodynamic Process, Men's Depression, and Post-Traumatic Stress Disorder groups. Technicians started co-facilitating the groups with the credentialed provider on a rotating basis to enhance maintain group therapy skills. The flight attended AHLTA training and became proficient at using the new program to enter appointments and document patient care. Research changes included creating a new clinic electronic database to collect and analyze important patient demographics (including deployment history) and treatment outcome. This worked out very well in reducing technician and provider workload in the clinic while providing valuable data regarding LSSC services and patients.

Life Skills worked hard to ensure the mental health of all Airmen. The clinic provided outreach prevention to the community. Base newcomers, commanders, first sergeants, and new flight commanders were oriented to the services available in the LSSC. Squadron briefings were provided on LSSC services and suicide awareness. LSSC supported the Recruiter Training School by providing stress management briefings to over 500 new recruiters. Both technicians and providers consulted with the command often regarding the troops' mental health needs. We also continued to provide pre-deployment and post deployment briefings to the base to ensure deploying members were receiving services they needed.

Psychology Flight: Lt Col Robert Seegmiller assumed command of the Psychology Flight from Lt Col Alan Peterson, who retired in November 2005. Under the leadership of Lt Col Peterson, the flight supported the heaviest deployment tasking in the Air Force for psychologists, deploying six psychologists. Lt Col Seegmiller, Maj William Isler, Capt Tim Rentz, and Capt Jorge Varela deployed in support of OIF. Lt Col Seegmiller and Capt Elizabeth Najera deployed on a humanitarian mission to Mississippi following hurricane Katrina. Despite these manning shortfalls, the Psychology Flight continued to make strides in mental health innovation and excellence. The flight initiated and supported the first-ever shared medical appointment for post deployment health care, allowing post deployment screenings to take place with the advantage of including both a medical and mental health provider during the same appointment.

The Clinical Health Psychology Postdoctoral Fellowship Program was reviewed by the American Psychological Association and received a full seven-year accreditation, and it remained one of only three such accredited programs in the U.S. Clinical Health Psychology also streamlined its intake process, making it possible for supervisors to meet individually with each resident intake.

The Psychological Research Service (PRS) screened 28,825 basic trainees and identified 1,746 at high risk. Forty-four trainees were then referred for administrative separation, thereby saving the Air Force approximately \$1M. The PRS has also created a new psychological screening questionnaire that was piloted and approved for AF use. Behavioral Analysis Service restructured its MTI/MTL application appointment process, decreasing waiting time by 70% and creating a benchmark program with intakes being conducted within three days of submission. In addition, the Psychology Flight continued work on four federally-funded research projects (total budget \$7M) targeting tobacco cessation, weight management, alcohol use, and chronic pain management.

Neurology Flight had a number of events that marked 2005. Col Wicklund left to become the 48th MDOS commander. The flight welcomed several new members. A tertiary and quaternary referral center, the flight continued accepting consultations from all three services and treated all categories of beneficiaries. The department remained academically active, with Col Wicklund and Maj Dobbs serving as co-editors of Neurology Clinics of North America, with six staff members and two residents writing chapters. Their staff lectured at national, regional, statewide and local medical conferences, while the residents also presented at national and regional meetings. The flight led the way for the wing, with 100% AHLTA use while exceeding our business plan in RVU production. In support of Air Force operational readiness, all neurologists were on mobility and ready to support missions abroad. SrA Madwell deployed in support of medical operations in Iraq. We continued to support the Aeromedical Consultation Service, the final medical adjudication for pilots and aircrew members. The Defense Veterans Brain Injury Center continued evaluating and treating victims of OEF/OIF conflicts and embarked on data gathering for two new congressionally-supported research grants.

Social Work Flight: Lt Col Sarah Moore assumed command of the Social Work Flight from Lt Col John West in August. Active duty social work manning was at six providers and one civilian provider supports Inpatient Psychiatry. During CY 2005, the Social Work Flight deployed five clinical social workers and three technicians in support of OIF/OEF. Two technicians were deployed to Germany, and the ADAPT Nurse Manager deployed to Guantanamo Bay. Additionally, two social workers were sent to Keesler AFB for three weeks in September to assist victims of Hurricane Katrina. Maj Barbara Severson-Olson, the Family Advocacy Element Leader, served as both the interim Flight Commander and the Family Advocacy Officer until Lt Col Sarah Moore arrived in August. The Family Advocacy Element continued to lead the Air Force in the transition from the Family Maltreatment Case Management Team to the Central Registry Board.

Alcohol and Drug Abuse Prevention and Treatment (ADAPT) Element implemented the Partial Hospitalization Program in November which recaptures outsourced costs for the 59th MDW. The ADAPT program continued to demonstrate a commitment to providing superb services to clients by revitalizing treatment plans and training all staff on global criteria and core functions, which resulted in thorough and accurate assessments and treatment recommendations. Additionally, staff training enhanced the quality of care provided to 500 patients and increased inspection compliance to 100% within three months. In CY 2005, over 14,000 personnel were briefed on

substance abuse awareness issues.

The inpatient unit was constantly on the move. We deployed 14 staff members; 6 to Germany, 6 to Iraq, and 2 to Cuba. The ward received a certificate of appreciation from the US Army for exceptional contributions to the training of Army mental health specialists. Surveillance cameras were upgraded to improve viewing of the unit and the entrance to Ward 4D. The inpatient rotation for residents was extended from 8 to 12 weeks to improve continuity of care.

DEPARTMENT OF THE AIR FORCE ORGANIZATIONAL HISTORIES

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Sources

Air Force Historical Research Agency, U.S. Air Force, Maxwell AFB, Alabama.

The Institute of Heraldry. U.S. Army. Fort Belvoir, Virginia.